STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425309	A. Building B. Wing	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dr Ronald E McNair Nursing & Rehabilitation Center	56 Genesis Drive Lake City, SC 29560

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846 Based on review of the facility policy and resident rights, record reviews, and interviews, the facility failed to ensure Resident (R)47 and R58 were afforded the right to participate in the planning process of their care and to ensure each resident was invited to the care plan conferences for 2 of 2 residents that expressed their desire to be included in the care planning process. Findings include: Review of the facility policy titled, Care Pan Invitations, states the, MDS (Minimum Data Set) assessment nurse notified the Resident and/or Resident Representative of scheduled Care Plan dated and adjusts dates as indicated. The purpose is, To provide a means of communicating scheduled care plan meeting and reviews. The procedure is as follows: 1. The MDS Nurse schedules Care Plan meetings and notifies Resident and/or Resident Representative as indicated. 2. The MDS Nurse documents Resident/Resident Representative Notifications as indicated. 3. The Care Plan is reviewed with Resident/Representative with input and updates as indicated. 4. The MDS Nurse electronically documents attendance in care plan meeting. Review of the, Resident's [NAME] Of Rights, states, As a resident of this facility, You have or legal guardian has, the right to; 7a. Participate in planning treatment: Resident shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative. In the event that the resident cannot be present, a family member or other representative chosen by the resident may be included in such conferences. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility admitted R47 on 01/23/2023 and readmitted her on 05/01/2024. The admitting diagnoses include viral pneumonia, neurogenic shock, major depressive disorder, anxiety disorder and chronic osteomyelitis. Review of the quarterly MDS assessment dated [DATE], revealed the Brief Interview for Mental Status (BIMS) score of 14 out of 15. The score of 14 indicated that R47 has no cognitive deficits and is able to be understood and to understand others. Section D of the MDS for mood is scored a (0) as having no mood disorders and Section E for behavior is scored a (0) as having no behaviors. During an interview on 11//24/2024 with R47, she voiced her wishes to be included in the care planning process for her care. Review on 11/25/2024 of a Care Conference Report revealed R47 attended one care plan conference on 01/12/2024. No documentation could be found to ensure R47 has been invited to any other care planning conference. Review on 11/25/2024 of a progress note dated 10/20/2024 at 02:45 AM states, the resident's responsible party was made aware of the upcoming care plan meeting. The RP will attend in person. Under Notes: Resident will attend care plan meeting. R47 again stated that she had not been invited to care plan conferences would would like to be included. The facility admitted R58 on 08/06/2024 with diagnoses including but not limited to, polyneuropathy, pain, chronic vial hepatitis, respiratory failure with hypoxia, and congestive heart failure. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 9 out of 15 indicating mild cognitive deficits. R58 is coded in section B as understood and understands. R58 is coded (0) for section D and E as having no mood disturbance or behaviors. During an interview on 11/24/2024 with R58, he voiced his concern of not being included in the care planning process for his care. During an interview on 11/25/2024 with the MDS Coordinator, she provided a Care Conference Report, dated 03/11/2024, 03/29/2024, 06/28/2024 and 09/26/2024. R58 was not listed as attending the care plan conferences. Review on 11/25/2024 of a progress note provided by the MDS Coordinator dated 09/01/2024 at 09:07 AM that states, The resident's responsible party was made aware of the upcoming care plan meeting, and the responsible party will attend via a telephone conference. There was not documentation to ensure R58 was also invited or included in the care planning process for his care.

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49800 Based on resident observation, interview and record review, the facility failed to promote dignity related to facial hair for Resident (R)1, for 1 of 1 resident(s) reviewed for dignity. Findings include: Review of the facility undated policy titled, Dignity Policy indicated, Compliance Guidelines: 1. Staff members involved in providing care to residents to promote and maintain resident dignity. 3. Groom and dress residents according to resident preference. Review of the facility undated policy titled, ADL Policy indicated, Policy: The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, promote as much independent functionality as possible. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care Policy Explanation and Compliance Guidelines: 2. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Review of a Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to; anxiety disorder due to known physiological condition, dementia with other behavioral disturbance, and Schizoaffective disorder, bipolar type. Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 10/20/24 revealed a Brief Interview for Mental Status (BIMS) score of 06 out of 15, indicating R1's cognition is severely impaired. Review of section E- Behavior of R1's Quarterly Minimum Data Set (MDS) revealed the following: E0200 Behavioral Symptoms- Presence and Frequency A-C code -0- Behavior not exhibited. E0800- Rejection of Care - Presence and Frequency code -0- Behavior not exhibited. Review of section GG- Functional Abilities of R1's Quarterly MDS revealed the following: GG0130 Self-Care: (continued on next page)

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C. Toileting hygiene- code 04 I. Personal hygiene- code 04 Code 04 indicates: R1 requires supervision or touching assistance- Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. Review of R1's Care Plan with a start date of 02/09/24 revealed requires limited assistance with bathing, dressing. Extensive assistance needed for incontinent care, feeds self with tray set up. Medications taken whole. Review of R1's Activity of Daily Living-Point of Care History dated 10/28/24- 11/25/24 with no specific resident care documented. An observation on 11/25/24 at approximately 9:00 AM revealed R1 sitting in the day room, fully dressed, with her hair combed. R1 presented with facial hair on the chin area and above lip. During an additional interview on 11/25/24 at approximately 9:35 AM, R1 stated, She does not like the hair being on her face. R1 reported she used to shave her facial hairs in the past. During an interview on 11/25/24 AM at approximately 9:39 AM, Licensed Practical Nurse (LPN)6 stated, R1 is just a setup for ADLs. LPN6 reported, Sometimes when staff attempts to shave or remove R1's facial hair, R1 sometimes refuses. LPN6 stated, R1 has certain CNAs she will let shave her. R1 has a diagnosis of schizophrenia, and can be very vocal. LPN6 stated she would offer R1 to have facial hair removed today and see if she agrees. An observation and interview on 11/25/24 at approximately 2:48 PM revealed R1 lying on bed in her room. When asked if she preferred facial hair, R1 stated she would like to have the facial hair removed. During an interview on 11/25/24 at 2:50 PM, CNA1 stated, R1 sometimes will only let certain staff remove facial hair and sometimes she is non-compliant. CNA1 reported R1's mood varies. At this time, the surveyor and CNA1 observed R1 sitting on the edge of her bed. CNA1 asked R1 who she preferred to remove her facial hair, pointing at CNA1 and then another CNA. R1 stated she wanted and pointed at CNA1 to remove the facial hair. An observation on 11/25/24 at approximately 3:27 PM revealed R1 sitting in activities. R1stated, Her face felt much better now that facial hairs were removed. R1 stated she preferred Certified Nursing Assistant (CNA)1 to remove the facial hairs.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 49800 Based on interviews, review of staff daily postings, registered nurse (RN) time sheets reviews, and the Payroll Based Journal (PBJ), the facility failed to ensure an RN was scheduled for 8 hours on weekends as reported on the PBJ for 3 out of 4 weekends reviewed. Findings include: Review of facility daily postings for May 2024 revealed the following: May 12th - (1) RN coverage 8AM- 5PM May 26th - (1) RN coverage 8am -5PM May 31st - (2) RN coverage 8AM- 5PM Review of facility daily postings for June 2024 revealed the following: June 9th - (1) RN coverage 8AM-5PM Review of RN Time sheets for May 2024 revealed there was no RN coverage on the following dates: 11th, 12th, 19th, 25th, 26th, 27th, 30th. Review of RN Time sheets for June 2024 revealed there was no RN coverage on the following dates: 2nd, 8th and 9th. During an interview on 11/24/24 at approximately 10:00 AM, Licensed Practical Nurse (LPN)5 revealed the facility did not have a charge nurse on weekends, but the facility has a nurse on call. LPN5 stated the facility does not have RNs on weekends. During an interview on 11/26/24 at approximately 10:00 AM, the Director of Nursing (DON) revealed the following, Management looks at staffing patterns daily, and what is going on with the residents. The DON stated, Staffing sheets are done daily and staff requirements and assignments are made according to residents' needs and diagnoses to ensure the facility has staff to meet resident needs. The DON also stated, We have 12-hour Licensed Practical Nurses (LPNs) in the building every day and at least 8-hour RN coverage. The DON stated, The facility staffs coverage according to resident census with a nurse on each unit and RN coverage may be a 12-hour coverage. When asked about call-ins, DON stated, Management will make calls to replace staff by calling other regular staff or on-call nurses who will cover the shift. During an interview on 11/26/24 at approximately 10:16 A, the Administrator stated, There is no temporary or contract staffing used in facility. The facility cannot afford contract staffing. However, the facility has a group of nurses that take incentives and work overtime.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25335 Based on observations, record keeping, interviews, facility policy, manufacturer and pharmacy labeling, the facility failed to ensure that out-of-date medications were removed from active stock and medications were properly stored in 2 of 2 medication rooms and 3 of 6 medication carts. Findings Include: Review of the facility policy related to Medication Storage copyright 2024 states: 'It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer' recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. and Refrigerated Products: .Temperatures are maintained within 36-40 degrees F (Fahrenheit). On 11/24/24 at approximately 10:16 AM inspection of the Hall 200 Medication Room revealed one Equate Therapeutic Shampoo 6 oz. (ounce) 7/2024 and one T/Gel Therapeutic Shampoo 8.5 oz. expired 8/2024 both located on a metal storage shelf. The refrigerator thermometer read 28 degrees F at 10:18 AM. On 11/24/24 at approximately 10:19 AM, Licensed Practical Nurse (LPN)1 inspected and acknowledged the expired medications. On 11/24/24 at approximately 10:56 AM, the Surveyor rechecked the refrigerator thermometer with both the Surveyor's calibrated thermometer and both thermometers read 30 degrees F. On 11/24/24 at approximately 10:58 AM, LPN1 confirmed the 30 degrees F reading on both thermometers and was asked to contact the Maintenance Director to bring the facility thermometer to recheck the refrigerator's temperature. On 11/24/24 at approximately 11:16 AM, the Maintenance Director inspected the Hall 200 Medication Room refrigerator and read 30 degrees F on the refrigerator thermometer, but did not have a facility thermometer available to check the temperature. On 11/24/24 at approximately 10:46 AM, inspection of the Hall 100 Medication Room revealed the following: one bottle of Hydrogen Peroxide 32 oz. with expiration of 01/22 located on a metal storage shelf and two urine specimen containers with dark yellow liquid, inside biohazard bags, were stored in the medication room refrigerator alongside medications. One urine specimen container was labeled as having been collected 11/07. On 11/24/24 at approximately 10:53 AM, LPN2 acknowledged these findings stating those should not be in there. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/25/24 at approximately 1:41 PM, inspection of 200 Hall Treatment Cart revealed one opened, in use tube of MediHoney 1.5 fl oz (fluid ounce) by Derma Science labeled Tube sterility guaranteed in unopened, undamaged package Single Use Only and one bottle of Hydrogen Peroxide 16 oz. by CVS Health expired 9/2024. On 11/25/24 at approximately 1:49 PM, inspection of 200 Hall Medication Cart 2 revealed one Breyna 160 mcg/4.5 mcg Inhaler by [NAME] opened, in use, not dated. The inhaler had been labeled by the manufacturer Discard the inhaler when labeled # (number) of inhalations have been used or within 3 months of opening the foil pouch and Pharmacy had applied a label leaving space for opened date which had not been filled in. On 11/25/24 at approximately 1:54 PM, LPN3 confirmed the findings for both the treatment cart and the medication cart after reading manufacturer labeling. On 11/25/24 at approximately 2:04 PM, inspection of the Hall 100 Treatment Cart revealed two opened, in use tubes of MediHoney 1.5 fl oz by Derma Science labeled Tube sterility guaranteed in unopened, undamaged package Single Use Only. On 11/25/24 at approximately 2:09 PM, LPN4 read the manufacturer labeling and confirmed the finding.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50346 Based on observation, interviews, and review of the facility policy, the facility failed to ensure that food items were correctly labeled and dated in the freezer and dry storage areas. This deficiency has the potential to increase the risk of foodborne illnesses. Findings include: Review of the facility policy titled, Labeling and Dating Foods (Date Marking), dated 2020 reveals, All foods stored will be labeled according to the following guidelines. Guidelines outlined include but are not limited to the following. 1. Date marking for dry storage food items. The exception to dating individual dry storage food items includes individually packaged food items stored in bulk containers such as packets of hot chocolate, tea bags, saltine crackers, packets of sugar, packets of individual cookies, etc. The Dining Services Manager is to ensure that these bulk items are rotated with old items used first. New product is never to be placed on top of old product. Expiration dates on commercially prepared, dry storage food items will be followed. Additionally, the policy guidelines for dating marking freezer storage food items reveal the following, Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe storage guidelines or by the manufacturer's expiration date. Based on initial observation of facility walk in freezer on [DATE] at 10:16 AM with [NAME] 1 (C1) revealed: 1.) 2 Ziplog bags of precooked item which was not labeled with its contents, preparation date, or expiration date. 2.) 1 Box of Stampede Boneless Beef Ribeye Steak (5 Count) - Expired [DATE] 3.) 1 Box of Hormel Deli Bread Ready Premium Buffet Ham (12 lbs) - Expired [DATE] Based on initial observation of facility dry storage on [DATE] at 10:50 AM, observations revealed: 1.) 7 Bottles of [NAME] Creek Chocolate Flavored Syrup 24 ounces (oz) - No labeled expiration date. 2.) 6 cans of 66.5 oz Skipjack Chunk Light Tuna - No labeled expiration date. 3.) 10 Cans of 16oz [NAME] Mushroom Pieces and stems - No labeled expiration date. During an interview with C1 at approximately [DATE] at 10:30 AM, C1 revealed that The kitchen manager (KM) and dietary staff try and check the refrigerators and freezers routinely throughout the week in order to ensure expired food items are thrown away. C1 also revealed, If a food item is cooked and is to be frozen for future consumption, the facility expects the team to label what the food item is, the date it was prepared, and the date it expires. C1 was unaware of and did not realize that there was an unlabeled precooked food item in the freezer and was unaware of the expired food items in the freezer. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with Dietary Aide, (DA)1 on [DATE] at 10:59 AM, he revealed the following; The kitchen manager is typically the one responsible for the intake of food delivery. DA1 also stated, Without the expiration date of food items in the dry storage room, they could not indicate surely whether or not food items were safe to serve to residents. DA1 could not identify expiration dates on the tuna cans and mushroom cans. During an interview with KM1 on [DATE] at 09:50 AM revealed she is primarily responsible for the inventory, intake, and of inventory of food items. KM1 stated that she typically do not label dry storage items with a receive by date or an expiration date when receiving delivered dried goods prior to survey. KM1 revealed that typically kitchen staff will call her if they have any issues with dates regarding food items. KM1 revealed she understands how their current way of labeling dry storage items can lead to potential issues for residents and she is also responsible for completing an inventory of the facility refrigerator and freezer to ensure that expired items are discarded. She stated that she does this at least 3 times a day. KM1 also stated, Cooked food that needed to be frozen or refrigerated needs to be labeled with what it is, when it was made, and an expiration date. KM1 confirmed that food items were not labeled based on facility expectations. KM1 was unaware of the expired food items in the freezer and unlabeled items in the dry storage room. During an interview with Certified Dietary Manager (CDM)1 on [DATE] at 10:00 AM, she stated that it is her expectation of her dietary/kitchen staff to discard of expired food items in the facility and that all food items are to be labeled with an expiration date. CDM1 revealed that she was unaware of the expired food items in the freezer. CDM1 revealed that they will work on immediate interventions and conduct full inventories of all food items to ensure food items are properly labeled and dated. During an interview with the Administrator on [DATE] at 10:30 AM, she reveals that when it comes to food storage and labeling practices it is her expectation that the dietary team follow the facility policy. She stated it is her expectation of the KM to do daily audits of storage areas checking for expired food items. If expired food items are found, it is her expectation that kitchen staff discard expired food items. The Administrator also revealed that any food item that must be re-refrigerated or re-frozen needs to be labeled with what the food item is and to date food items with the date it was prepared and the date it needs to be discarded.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. 31846 Based on the facility policy, observations and interviews, the facility failed to ensure an excessive amount of lint was removed from the top of the lint basket and around the wiring in 1 of 3 clothes dryers. Findings include: Review of the facility policy titled, Lint Removal in Laundry, states, The facility removes lint from Dryers to prevent transmission of pathogens and hazards. 4. Laundry equipment will be used and maintained. 5. Lint trap is checked frequently and cleaned by Laundry Staff at least hourly while the machine is in use. The logs reviewed did not contain any documentation to ensure the lint had been removed since the start of the shift. An observation on 11/26/2024 at 07:51 AM revealed an excessive amount of lint in 1 of 3 clothes dryers. The lint was noted above the lint basket and hanging in a mass from the wiring where it was difficult to see the wiring for the lint. During an interview on 11/26/2024 at 08:05 AM with Maintenance he confirmed the excessive amount of lint. Maintenance did not provide logs to ensure he or the laundry workers were removing the lint after each load.